

Case Number:	CM14-0217986		
Date Assigned:	01/07/2015	Date of Injury:	09/28/2005
Decision Date:	03/03/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/30/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 67 year old male who suffered an industrial related injury on 9/28/05. On 7/30/14 the injured worker received a L4-5 epidural steroid injection. A physician's report dated 9/10/14 noted the injured worker had complaints of lumbar spine pain that radiated to the left lower extremity. The physical examination revealed antalgic gait on the left, diffuse tenderness over the lumbar paraspinal muscles, spasm and guarding, and moderate facet tenderness at the L4-S1 levels. Kemp's test was positive bilaterally and the supine straight leg raise was positive on the left at 70 degrees. The Farfan test was positive bilaterally. Lumbar extension was decreased and decreased sensation in the left L4 dermatome was noted. Diagnoses included lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. An electromyogram of bilateral upper extremities done on 9/16/14 revealed radicular pathology involving C4 and C6 which was greater on the right confined to the paraspinal musculature. Independent polyphagia at the level of the carpal tunnel and greater on the right side was noted. On 12/22/14 the utilization review (UR) denied the requests for Protonix 20mg #60 and Ultracet 150mg #30. The request for Fexmid 7.5mg #90 was modified. Regarding Protonix, the UR physician noted the medical records do not document gastrointestinal issues and the injured worker is not at risk for gastrointestinal bleed or ulcer. Therefore the request was denied. Regarding Ultracet, the UR physician noted the provided medical records do not document quantifiable pain relief and functional improvement, appropriate medication use, lack of aberrant behavior, and lack of intolerable side effects. Therefore the request was denied. Regarding Fexmid, the UR physician noted documentation does not indicate the injured worker had recently used this medication.

The medication is indicated only for a short course to address the acute flare of muscle spasms. The request was modified to certify #30 to address spasms. Long-term use beyond this course is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Protonix 20 mg, sixty count: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk section Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as Protonix are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. The injured worker has no history of ulcer or gastrointestinal event. However, she is over 65 years old which places her at increased risk for gastrointesntinal event with the use of NSAIDs.

Fexmid 7.5 mg, ninety count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine sectionMuscle relaxants (for pain) section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with a number needed to treat of three at two weeks for symptoms improvement in low back pain and is associated with drowsiness and dizziness. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withrdawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose.

Ultracet 150 mg, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids sectionWeaning of Medications section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical records do not indicate that the injured worker has had significant benefit with the use of Ultracet. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment.